

VACATION HOUSE CHECK REQUEST

EATONVILLE POLICE DEPARTMENT

Date of Request: _____

FOR EATONVILLE POLICE DEPARTMENT USE ONLY:

START DATE: _____

END DATE: _____

Name: _____ Phone: _____

Address: _____

Date Leaving: _____ Date Returning: _____

Vehicles Left on Premises: _____ License: _____

_____ License: _____

Protected by Alarm System? (Circle one) YES NO

If yes, type of alarm: _____

Lights on? (Circle one) YES NO – Constant? YES NO – Automatic? YES NO

I can be reached at: Name: _____

Address: _____ Phone: _____

The following person is authorized to enter and will be looking after my property or, to be contacted in case of emergency:

Name: _____ Phone: _____

Address: _____

This party has a key to the property (Circle one) YES NO

The undersigned does hereby grant and request the Town and its Police Department to visually check upon the property listed above. The undersigned does hereby agree to hold harmless the Town, its employees and agents for any and all claims for personal injury, loss or damage to property that may be suffered by the undersigned through any action or lack thereof by a representative of the Town. Further, the undersigned understands and agrees that this is a voluntary, free service, does not create a special duty upon the town, will be provided only as time is available, and no guarantee is made nor assurance given against loss, theft or damage to premises.

Signed this _____ day of _____ 20_____

By: _____

PRINT NAME

SIGNATURE

Address: _____